



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

Renewal Request-Worksheet

Please be advised that this is not a renewal form. This worksheet will enable the Board to generate a new renewal application for your license.

Information as it appears on current license record

Last Name (**mandatory**): _____

First Name (**mandatory**): _____

Middle Initial: _____

Maiden Name: _____

Type of License ☐ cosmetologist ☐ aesthetician ☐ manicurist
 ☐ instructor ☐ demonstrator ☐ salon

MA License Number: _____ Expiration Date: _____

Social Security # (**mandatory**) _____ Date of Birth: _____

Phone Number (**mandatory**): _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Address Change ☐ Yes ☐ No

Name Change ☐ Yes ☐ No

Has license been expired for more than 3 years? ☐ Yes ☐ No